

Therapeutic Recreation Services
2023

Funshine



Day Camp

Specialized and Adaptive Recreation Services for Individuals with Disabilities

Alice Busch

TRS Supervisor
625-6245
abusch@spokanecity.org

Adult Day Camp

Ages 18 & over

Game Week

June 26–30

Field trip to Manito Park

Art Week

July 24–28

Field trip to Riverpark Square

NEW

Teen Day Camp

Ages 13-18

July 5–7

*Daily Field Trips: swimming,
wall climbing, hiking and riverrafting*

Funshine Day Camp

Ages 6-21

Week 1 July 10–14

Dinosaur Week

*Field trip to Ice Age Playground
at Riverfront Park*

Week 2 July 17–21

Super Science

Field Trip to Mobius

Week 3 July 31–Aug 4

Under the Sea

Field Trip to Discovery Park & YMCA

Week 4 Aug 7–11

Lights, Camera, Action

Annual Carnival & Potluck



Sponsored by



City of Spokane

**PARKS
& RECREATION**

**808 W Spokane Falls Boulevard
Spokane, WA 99201-3317
Washington Relay 711
311 or 509.755.2489**

About Funshine Day Camp

Funshine is located at Shadle Park. Drop off and pick up will be at library, 2111 W. Wellesley Ave. **9am-2:30pm Monday- Thursday.** Field trip day Friday locations vary. Teen Camp drop off/pickup location will be Stone Park 2304 E. Desmet (Desmet & Mallon).



Funshine Day Camp

Funshine Day Camp is a fun-filled camp for those with developmental and/or physical disabilities. Each day, campers will have the opportunity to interact and socialize with their peers through crafts, music, science experiments, books, board games, swimming, group activities and so much more. Each Friday, Funshine experiences an exciting new field trip location. Check out this summer's themes and join us at Funshine Day Camp! With so many smiles and so much excitement, our end of the summer Potluck BBQ & Carnival is the perfect place to share your experience.

**PLEASE BRING YOUR OWN LUNCH EVERY DAY.
FOOD IS NOT PROVIDED.**

2 weeks of adult camp ages 18+

1 week of teen camp ages 13-18

4 weeks of kids camp for children ages 6-21

Funshine Purpose & Objectives

- to provide opportunities for quality social exchanges
- to provide recreational activities that assure all campers can participate actively
- to foster growth of independence and self-direction in all campers
- to encourage various means of self-expression and self-explorations
- to protect campers from safety hazards and meet their physical needs by giving them freedom to enjoy camp



Volunteers

Volunteers are vital to our programs. Parents/care providers, siblings, and students are encouraged to volunteer. Areas needed for volunteers include swimming, Theme days and field trips. If you are interested in volunteering, call 625-6245.

Camper Personal Needs

We strive to maintain a 4:1 ratio for day camp. Funshine staff provides leadership and supervision for all activities. For those campers needing periodic assistance with personal care we will have a person trained in caring for personal needs on staff. For those requiring more involved support we request the camper to provide. Please make note of our staffing ratio and realize that we aren't capable of providing 1:1 care constantly. We are happy to accommodate those who come with care providers, and encourage care providers to accompany campers whose personal care requirements exceed this. Campers with behavioral concerns may also be requested to participate with a care provider in attendance. Registration fees for care providers are waived.

Medication Policy

Many campers need to take medication while at camp. The Director or Assistant Director will be responsible for all medication. Recreation Leaders are responsible for knowing which camper takes medication, and removing it from their belongings at the beginning of each day. Campers who take medication during Funshine must complete a **MEDICATION INFORMATION AND WAIVER** form and return it before start of camp. Campers must be self-medicating. Funshine staff can take custody of medication and remind campers when to take medication. Program staff cannot administer medication. All medication must be packaged according to program instructions. Campers should have a current medical coupon/medical insurance card, and identification with current address & telephone number.



Please print and use a separate form for each person you are registering.
This is confidential information used only to assist the staff in meeting the needs of the camper involved in our programs. This information will enable our staff to provide a more individualized and suitable program.

CAMP REGISTRATION FORM

Camper's First Name _____ Last _____ Birthdate _____ Male ☐ Female ☐

Camper's Address _____ City _____ State _____ Zip _____

Phone: Day _____ Evening _____ Email Address _____

Name of residential provider _____ Address _____

Pager _____ Phone _____ Cell _____

Name of parent or legal guardian _____ Phone _____

Emergency Contact Name _____ Phone _____

May camper be photographed for publication? Yes ☐ No ☐ First time at camp? Yes ☐ No ☐

Doctor's name: _____ Phone _____

HOSPITAL PREFERENCE (IF YOU HAVE ONE) _____

Will your child be accompanied by an attendant? Yes ☐ No ☐

If yes, please fill in the following: Attendants Name _____ Phone _____

DISABILITY: Developmental Disabilities (DD) ☐ Diabetes ☐ ADD ☐ ADHD ☐ LD ☐ Other _____

Hearing Impaired ☐ Wears hearing aid Yes ☐ No ☐ Vision: Normal ☐ Impaired ☐ Blind ☐ Glasses ☐

MEDICATION: Yes ☐ No ☐ If yes, please complete the Medical Release Form enclosed in this brochure.

ALLERGIES: Yes ☐ No ☐ If yes, please list _____

If Reaction Occurs, Type of Reaction _____

SEIZURES: Yes ☐ No ☐ Grand Mal ☐ Petite Mal ☐ Other _____

Symptoms: Before _____

During _____

After _____

Frequency _____ Most recent _____

DIET INFORMATION: Diabetes Yes ☐ No ☐ Food Allergies _____

If reaction occurs, type of reaction _____

FOOD PREPARATION: None ☐ Chopped ☐ Blended ☐ Other _____

Problem Foods _____ Food Restrictions _____

Difficulty Swallowing _____ Adaptive Utensils _____

COMMUNICATION: Verbal ☐ Verbal (hard to understand) ☐ Verbal with adaptive equipment ☐

Gestures ☐ Communication board ☐ Sign language ☐

TOILETING: No assistance ☐ Partial assistance ☐ Total assistance ☐

Aids used: None ☐ Diapers ☐ Other _____ Schedule _____

SWIMMING: Does the camper know how to swim? Yes ☐ No ☐

If not, do they need to wear a PFD (Personal Floatation Device)? Yes ☐ No ☐

DRESSING: Independent: Yes ☐ No ☐ Needs Assistance: Yes ☐ No ☐ Ties Shoes: Yes ☐ No ☐

Comments _____

MOBILITY: Ambulatory ☐ Walk with Assistance ☐ Wheelchair ☐ Cane/Walker ☐ Other _____

TYPE OF WHEELCHAIR: Power ☐ Manual ☐ Slow Pusher ☐ Dependent ☐ Independent ☐

TRANSFERRING: Independent ☐ Dependent ☐ Standby ☐

Comments _____

ADAPTIVE DEVICES: None ☐ Dentures ☐ Splint ☐ Shunt ☐ Helmet ☐ Prosthesis ☐

Night brace ☐ Braces ☐ (Type _____) Other _____

BEHAVIORS OF WHICH STAFF SHOULD BE AWARE OF AND HOW THEY SHOULD BE HANDLED:

TYPES OF REINFORCEMENT & MOTIVATORS: _____

What type of noises, activities, or situations bother your child? _____

PHYSICAL RESTRICTIONS STAFF SHOULD BE AWARE OF: _____

ANY ADDITIONAL INFORMATION (IEP's, goals etc): _____

IF CAMPER IS ATTENDING AN EDUCATION PROGRAM IN THE COMMUNITY, COMPLETE THE FOLLOWING:

May we contact the school for information? Yes ☐ No ☐ Name of School _____

Teacher's Name _____ Grade _____ Phone _____

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS INFORMATION! We hope this form will be a valuable tool in serving you and the camper you are enrolling. Please feel free to contact us at any time with your concerns.

Please return completed application and fees to:

Funshine Day Camp, Spokane Parks and Recreation, 808 W. Spokane Falls Boulevard, Spokane, Washington 99201-3317

MEDICATION INFORMATION & WAIVER – *Signature Required*

This form must be completed by all participants who require medication while attending a City of Spokane activity (referred to herein as "Participant"). **Please complete the Medication Information Form & Waiver of Liability even if Participant will not take medication while at the activity.** This information will help us better assist Participant with medications.

- The activity leaders will provide reminders to Participant to take medications and to safely secure medication when not in use.
- Participant must be able to take his/her own medications while at the activity.
- Please package medication by dose in individual extra small zip lock bags or blister cards labeled by the pharmacy to include: 1) name of Participant; 2) name of physician; 3) name of pharmacy; 4) dosage and amount; and 5) time to take. For example, if Participant takes six different medications at dinner time there should be six small zip lock bags or blister cards, each with the label information listed above. Then put all bags in a larger zip lock bag labeled with Participant's name, date, day, and time to take; e.g. Sam Jones, Saturday, June 15, 6:00 pm.
- Please send only the amount of medication needed for the dates of the activity. Do not send excess dosages.
- If Participant has a medical insurance card, please bring it in case of emergency.

WAIVER OF LIABILITY: I understand that personnel from Parks & Recreation will administer only the prescribed medication mentioned in this Medication Information Form. I hereby waive any and all claims against the City of Spokane, which includes the City of Spokane Parks & Recreation Division and Therapeutic Recreation Services; any employees, chaperones, or volunteers; and all their respective insurance companies, successors in interest, commercial & corporate sponsors, affiliates, agents, employees, representatives, assignees, officers, directors, and shareholders (each a "Released Party"), and agree to hold Released Parties harmless from any and all liability which may arise in connection with Participant's use of medication.

BY SIGNING ON BEHALF OF A MINOR OR OTHER PARTICIPANT, I REPRESENT THAT I AM AUTHORIZED TO SIGN ON PARTICIPANT'S BEHALF and/or I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR PARTICIPANT and acknowledge that Participant is bound by all the terms of this Agreement.

Signature _____

Date _____

MEDICATION TAKEN

Type:

Dosage:

Time(s):

Type:

Dosage:

Time(s):

Type:

Dosage:

Time(s):

List any special instructions/cautions/side effects:

CITY OF SPOKANE PARKS & RECREATION DEPARTMENT WAIVER AND RELEASE OF LIABILITY

WARNING: PLEASE READ CAREFULLY BEFORE SIGNING!

THIS IS A RELEASE OF LIABILITY & WAIVER OF CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION

1. Each person participating in the City of Spokane Parks & Recreation Division's activity identified herein (referred to as "Activity") is referred to as "Participant." I, the undersigned, am a Participant and, if a Participant is under 18 or has a guardian, I am the Participant's parent or legal guardian. I understand that participating in the Activity referenced herein can be HAZARDOUS AND INVOLVE THE RISK OF PHYSICAL INJURY AND/OR DEATH.
2. I understand the dangers and risks of the Activity and that Participant ASSUMES ALL INHERENT DANGERS AND RISKS of the Activity.
3. In consideration for being permitted to participate in the Activity, I AGREE, to the greatest extent permitted by law, TO WAIVE ANY AND ALL CLAIMS AGAINST AND TO HOLD HARMLESS, RELEASE, INDEMNIFY, AND AGREE NOT TO SUE the City of Spokane, which includes the City of Spokane Parks & Recreation Division and Therapeutic Recreation Services; any employees, chaperones, or volunteers; and all their respective insurance companies, successors in interest, commercial & corporate sponsors, affiliates, agents, employees, representatives, assignees, officers, directors, and shareholders (each a "Released Party") FOR ANY INJURY, INCLUDING DEATH, LOSS, PROPERTY DAMAGE, OR EXPENSE, WHICH I, OR PARTICIPANT, MAY SUFFER, ARISING IN WHOLE OR IN PART OUT OF PARTICIPANT'S PARTICIPATION IN THE ACTIVITY except only for injury or damage caused by the sole negligence of the City of Spokane, its employees, or agents. To the extent Participant's damages were caused by or resulted from the concurrent negligence of the City of Spokane, its elected and appointed officers, employees, agents, or representatives, the obligation to indemnify, defend, and hold harmless is valid and enforceable to the extent of the negligence of Participant.

I UNDERSTAND THAT I AM ENGAGING IN AN ACTIVITY THAT HAS NUMEROUS INHERENT RISKS THAT COULD LEAD TO MY SERIOUS INJURY (INCLUDING COMPLETE PARALYSIS) OR DEATH. I ACKNOWLEDGE THAT REMOVING THOSE RISKS IS NOT POSSIBLE AND ELIMINATING THOSE RISKS WOULD FUNDAMENTALLY CHANGE THE NATURE OF THE ACTIVITY AND WOULD JEOPARDIZE THE ESSENTIAL QUALITIES OF THE ACTIVITY.

IN FURTHER CONSIDERATION FOR ALLOWING PARTICIPANT TO PARTICIPATE IN THE ACTIVITY, I FURTHER RELEASE AND GIVE UP ANY AND ALL CLAIMS AND RIGHTS THAT I MAY NOW HAVE AGAINST ANY RELEASED PARTY AND UNDERSTAND THIS RELEASES ALL CLAIMS, INCLUDING THOSE OF WHICH I AM NOT AWARE, THOSE NOT MENTIONED IN THIS RELEASE AND THOSE RESULTING FROM ANYTHING WHICH HAS HAPPENED UP TO NOW.

4. I AGREE TO PAY ALL COSTS, INCLUDING ATTORNEYS' FEES, INCURRED BY ANY RELEASED PARTY IN DEFENDING AN INVESTIGATION, CLAIM, OR LAWSUIT BROUGHT BY OR ON PARTICIPANT'S BEHALF WHETHER ARISING IN WHOLE OR IN PART FROM PARTICIPANT'S PARTICIPATION IN ANY ACTIVITY OR FROM ANY MISREPRESENTATIONS OR FRAUDULENT EXECUTION OF THIS AGREEMENT.
5. I represent that Participant is in good health and that there are no special problems associated with Participant's physical or mental condition that would enhance the risks of my participation in the Activity, that would increase the likelihood of my injury and/or death, or that would interfere with my safety in the Activity. I authorize a licensed physician or other medical care provider to carry out any emergency medical care for Participant which may be necessary and agree to be fully responsible for any costs associated with such care or transport to such care.

6. I grant the Released Parties the right of publicity to own and use
any image collected of Participant while participating in the Activity. ☐ Yes ☐ No

7. I agree that any and all claims for loss, injury, and/or death arising from Participant's participation in the Activity shall be governed by the law of the State of Washington and that exclusive jurisdiction of any such claim shall be in a court of competent jurisdiction in the in the State of Washington, County of Spokane.

8. BY SIGNING ON BEHALF OF A MINOR OR OTHER PARTICIPANT, I REPRESENT THAT I AM AUTHORIZED TO SIGN ON PARTICIPANT'S BEHALF and/or I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR PARTICIPANT and acknowledge that Participant is bound by all the terms of this Agreement. I acknowledge that the Activity entails known and unanticipated risks that could result in physical or emotional injury, paralysis, or death to Participant as well as damage to property, or to third parties. I understand that such risk cannot be eliminated without jeopardizing the essential qualities of the activity. I assume the risk and financial responsibility for any injury, illness, or liability resulting from Participant's participation. I waive any claims and agree to hold harmless and not sue Released Parties from all claims or liability arising out of Participant's participation. I have been made aware of the itinerary and give permission for Participant to ride in the vehicle designated by the staff of the City of Spokane Park & Recreation Division while attending or participating in the Activity, and I understand this release/waiver applies with equal weight to any claim arising from riding in a vehicle, including entering or exiting the vehicle. I certify that the Participant has no medical or physical conditions that could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

In case of emergency involving Participant, I understand every effort will be made to contact me. In the event I cannot be reached, I authorize a qualified physician/surgeon selected by City of Spokane personnel to examine and in the event of injury or serious illness administer emergency care to the above-named participant which may include hospitalization, anesthesia, surgery, or injections of medication for Participant. I understand every reasonable effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for City of Spokane Parks & Recreation staff or volunteers to obtain emergency care for Participant, I agree that neither the City of Spokane nor any of its personnel assumes financial liability for expenses incurred because of the accident, injury, or illness.

9. I understand that this Agreement will apply for each and every day Participant participates in any Activity. I understand that this Agreement is a contract and, to the fullest extent permitted by law, shall be binding on me and my assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives. If any part of this Agreement is deemed to be unenforceable, the remaining terms shall be an enforceable contract between the parties.

MINOR PARTICIPANT INFORMATION – requires Parent/Guardian to complete, sign & date below

Minor – Last Name, First name, M.I. (print)

Date of birth (MM-DD-YYYY)

ADULT PARTICIPANT INFORMATION – required to complete, sign & date below

Adult/Parent/Guardian - Last, First, M.I. (print)

Date of birth (MM-DD-YYYY)

Signature

Date

Emergency Contact (print)

Relation

Phone number

PLEASE MARK EACH SESSION NUMBER YOU WISH TO ATTEND.

	NO.	AGE	FUNSHINE CAMP SESSION	PRICE	DATES	LOCATION	FRIDAY FIELD TRIP
<input type="checkbox"/>	12728	Ages 18+	Game Week – Adult #1	\$249.00	June 26 – June 30	Shadle Park	Manito Park
<input type="checkbox"/>	12732	Ages 18+	Art Week – Adult #2	\$249.00	July 24 – July 28	Shadle Park	Riverpark Square
<input type="checkbox"/>	12729	Ages 13 - 18	Teen Week	\$249.00	July 5 – July 7	Stone Park	Stone Park Field Trips Daily
<input type="checkbox"/>	12730	Ages 6 - 21	Dinosaur Week – Kids #1	\$249.00	July 10 – July 14	Shadle Park	Ice Age Playground Riverfront Park
<input type="checkbox"/>	12731	Ages 6 - 21	Super Science! – Kids #2	\$249.00	July 17 – July 21	Shadle Park	Mobius
<input type="checkbox"/>	13401	Ages 6 - 21	Under the Sea – Kids #3	\$249.00	July 31 – Aug 4	Shadle Park	Discovery Park & YMCA
<input type="checkbox"/>	12734	Ages 6 - 21	Lights, Camera, Action – Kids #4	\$249.00	Aug 7 – Aug 11	Shadle Park	Annual Carnival & Potluck

Each person needs to bring their own lunch.

To register online go to **spokanerec.org**. If using DDA funding no online registration is available.
Send completed forms to **abusch@spokanecity.org**.

Please indicate size of t-shirt included in camp fee:

YOUTH: Small ☐ Medium ☐ Large ☐

ADULT: Small ☐ Medium ☐ Large ☐ Extra Large ☐ 2XL ☐

FEE MUST ACCOMPANY REGISTRATION – You will only be notified if the session is full or if there is a concern with the registration.

DDA will send funds. Yes ☐ No ☐ Please contact your case manager to send verification of payment to **abusch@spokanecity.org**

CASE MANAGER: Name _____ Phone# _____ Email _____

Give confirmation receipt to case manager. Verification in Provider One required prior to start of camp.

\$_____ Contribution/donation amount (if any) **NOT REQUIRED**

\$_____ **Total payment enclosed** Checks payable to **City of Spokane**

Payment must be received by the **Wednesday before** the planned camp session.

Mailing address: **Spokane Parks & Recreation Dept.**
My 311 Parks Registration
808 W. Spokane Falls Blvd
Spokane, WA 99201-3317

☐ **I plan to pay by credit card.** For TRS customers wanting to pay via credit card, MySpokane 311 will contact the payee by phone after registration is submitted and approved.

TRANSPORTATION (DAY CAMP ONLY)

☐ Using Paratransit? If yes, what is ID#? _____

☐ I will provide my own transportation

Please make sure camper does not arrive to camp before 8:45am and is picked up by 2:30pm.

Additional supervision fees will be applied if camper arrives before 8:45am and is picked up after 2:30pm.
Shadle Park Library, 2111 W. Wellesley.

Registration Procedure

Advanced registration is necessary for all programs. Registration is processed on first paid, first reserved basis.

1. Complete Registration form. Mail completed form to address listed on the form, or fax to 363.5450.
2. Payment can be processed from payment listed on registration form, or accepted over the telephone via My Spokane 755-CITY(2489) with Visa/MC/Discover/AmEx only.
3. Once registration form is processed and payment is received, confirmation receipt will be send to camper/family.

Program Fees/Scholarship

The price each week includes the Friday Field Trip. There are limited scholarship funds. Please call for a scholarship request form. Any donations are tax deductible and assist us to better serve the leisure needs of individuals with disabilities. Therapeutic Recreation Services is a registered contractor with DSHS and are eligible to accept DDA respite funds for payment of activities. Spokane Parks and Recreation is the fortunate recipient of SEEK funding for camper scholarships. If interested in applying for funding please send request to abusch@spokanecity.org

Process to use DDA funding:

1. Contact your DDA case manager and inform them of price.
2. Have case manager send funding approval to abusch@spokanecity.org
3. Fill out registration form. On pg. 5 Indicate DDA as payment source and list case manager's name, email and phone number
4. When Registration form has been received and processed by TRS, a confirmation receipt will be sent to camper/family
5. Provide copy of confirmation receipt to case manager
6. If camper needs to cancel registration, regular refund policy and procedures apply (see below). DDA WILL NOT PAY IF CAMPER DOES NOT ATTEND BUT DID NOT CANCEL. In this case, payment responsibility falls to camper's family.

Refund Policy

Campers will be notified if a camp session is canceled due to lack of enrollment and will be offered an alternate choice, full refund or credit voucher. Campers who wish to cancel enrollment must notify Therapeutic Recreation at least seven days before the program date to be considered for a refund. Refund amount will be based on the number of students enrolled and any supply costs incurred on the camper's behalf. Care providers may not substitute campers. Every camper must be pre-registered. Requests for refunds must be made in writing and approved by Therapeutic Recreation supervisor. Refunds will not be made after the first session or for missed sessions.



Transportation

Therapeutic Recreation Services will not provide Transportation. Monday-Thursday Camper needs to be brought to Shadle Park Library, 2111 W. Wellesley. For Friday field trips, camper will need be dropped at established field trip site. Spokane Transit Authority's special transportation is available for fixed route and para-transit services to the public. For fixed route information call 328-7433; para-transit services, call 509.382.1552. STA will not wait for staff to arrive at Shadle Park and our Staff will not be available until 15 minutes before camp begins. Therapeutic Recreation Services works with STA and care providers to identify early and late arrivals and makes changes as needed. If a camper arrives early or needs additional supervision beyond designated camp hours a bill will be sent home to cover staff expenses. Please, when making reservations for transportation, use the key words, "no earlier than" for a drop off time.





808 West Spokane Falls Boulevard
Fifth Floor - City Hall
Spokane WA 99201-3317
(509) 755-2489

PRSRT STD
U.S. Postage
PAID
Spokane, WA
Permit No. 722

Address Service Requested

Volunteers are always welcome.

Call 625-6245 or email
abusch@spokanecity.org
for more information.



SpokaneParks.org



Funshine  **Day Camp**

Mission Statement

The mission of Funshine is to provide outdoor recreational activities for persons with developmental and/or physical disabilities. We encourage siblings and/or friends without disabilities to attend as well. Recreation activities including sports and games, water activities and crafts are utilized in a safe and friendly environment.